



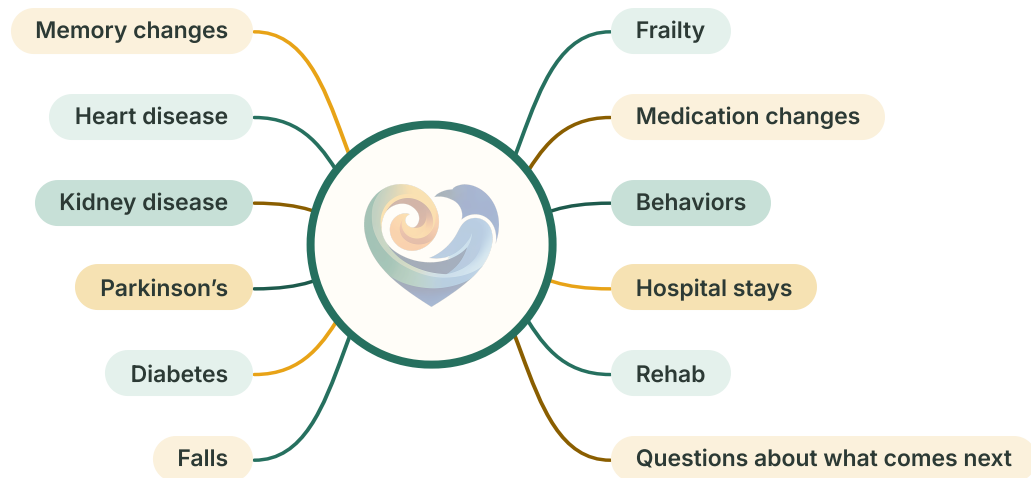
Maine Dementia Partners, LLC

Working With Me

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Dementia care and aging rarely stays in one lane. Memory changes can sit alongside heart disease, kidney disease, Parkinson's, diabetes, falls, frailty, medication changes, behaviors, hospital stays, rehab, and questions about what comes next.

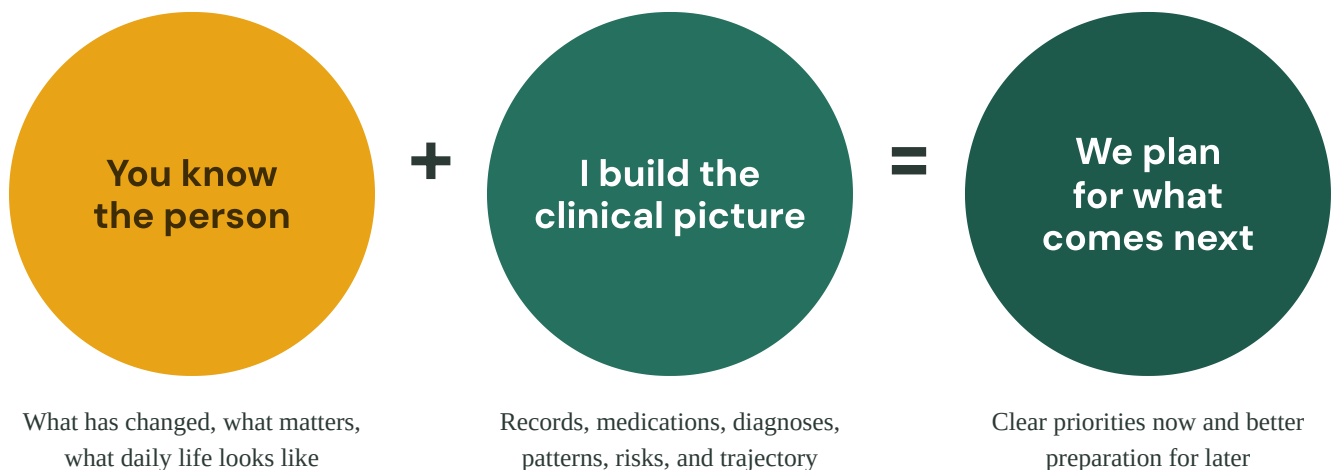


Families are often handed pieces of information from many places and asked to make sense of them while they are already worried.

My role is to bring those pieces together. I learn the person, gather the clinical information, identify what deserves attention, and help you understand the choices in front of you.

That work is not only about today. It gives us a clearer baseline, helps us anticipate problems, and means I already know the story when a hard decision arrives.

The basic idea



You bring the lived story. I build the medical story. We use both to make better decisions.

We build the picture together.

I need to know what you are seeing, but I do not expect you to gather, organize, or interpret every record yourself. With your authorization, I request the clinical information I need directly from providers and care settings. I then combine that information with what you know about the person you love.

What you bring

- What has changed
- What worries you
- What daily life looks like
- What matters most to your loved one
- The questions or decisions you feel stuck on

A short update is enough. “Dad is much more confused this week and fell twice” gives me something important to work with.



You give me the lived story. I gather the medical story.



What I gather

- Primary care and specialist notes
- Facility records and medication lists
- Emergency department and hospital records
- Rehab and home health information
- Testing, imaging, weights, labs, and other relevant data

I also reach out when the records do not answer an important question or the care team needs clarification.

What I do with it

1

Connect the pieces

I compare the records with the history and what you are noticing now.

2

Find the patterns

I look for medication effects, delirium, progression, recurring triggers, functional change, and medical problems that may be contributing.

3

Decide what deserves attention

Not every abnormal result or new symptom has the same meaning. I help sort what matters now from what can wait.

4

Keep the picture current

As care changes, I update the plan so we are not starting from zero every time something happens.

There is no rigid sequence. Sometimes the first step is records. Sometimes a sudden change needs attention first. We build the picture around what is happening and keep it useful as things change.

The whole clinical picture

I look at the whole person because dementia changes how every other medical problem is experienced, communicated, and managed. The goal is not to separate “the dementia” from everything else. It is to understand how the pieces are interacting.



Complex medical conditions

Heart, lung, and kidney disease, diabetes, Parkinson's, frailty, chronic pain, and other conditions remain part of the plan - including how aggressively they should be monitored or treated.



Medications & behavior

I look at why medications are being used, whether they are helping, and whether a behavior or sudden change could be pain, delirium, side effects, fear, environment, unmet needs, or progression.



Function & safety

Falls, mobility, sleep, nutrition, swallowing, continence, supervision, and caregiver capacity often tell us as much as a diagnosis does about what needs to change.



Memory care & placement

I help determine whether the current setting can still meet the person's needs and what level of supervision, staffing, or structure is realistically required.



Hospice & advanced illness

I look at the real trajectory - function, weight, eating, infections, communication, frailty, medical complications, and overall decline - so hospice is considered at the right time.



Goals & values

Recommendations are not made in a vacuum. I keep the person's history, values, quality of life, and previously expressed wishes at the center of the medical choices.

Hospital stays and rehab

Hospital care

Hospital care can be lifesaving. It can also bring delirium, immobility, medication changes, sleep disruption, and functional decline for a person with dementia. When a transfer can reasonably be avoided, we work toward that. When it is necessary, I help make sure the team understands the person's baseline, risks, goals, and what matters most.

Rehab

Rehab can be very useful when there is a realistic goal to regain function. It can also be exhausting or poorly matched when cognition, frailty, or illness makes participation difficult. I help you understand the likely benefit, the burden, what success would look like, and what alternatives exist.

The question is not simply “Can we do this?” It is “What are we trying to accomplish, and does this option help this person get there?”

When the hard decision arrives, we are ready.

The point of gathering and organizing all of this is not more paperwork. It is continuity. I want to know enough of the story that when something changes, I can help you understand what it means in context - not just react to the newest piece of information.

Another set of eyes and ears on the whole picture.

● I help you see what has changed.

Because I know the baseline, I can compare the new problem with the history and look for patterns that are hard to see from inside a stressful situation.

● I help you process the options.

During a hospitalization, rehab recommendation, new behavior, functional decline, or hospice conversation, there can be too much information at once. I help clarify what is happening, what choices are actually on the table, what each option means, and what needs a decision now.

● I help keep the person at the center.

Every option is weighed against the values of the person you love - who they are, what they have cared about, the quality of life they would accept, and the kind of care they would want.

You need someone who understands the system, knows the clinical story, and can help you see the road ahead while keeping the values of the person you love at the center.

Start with a consult



If you need me to stay involved

Ongoing support keeps the clinical picture current as things change. That means I can continue coordinating, anticipating needs, and helping you through new decisions without rebuilding the story each time.